

Section 3: Implementation Tool

Purpose

The implementation tool provides data on the extent to which curriculum sessions or presentations were taught, whether the sessions were modified, the types of challenges encountered during a session, and activities that worked well. Data from this tool can provide an opportunity to review and address implementation challenges, and to measure completeness of implementation.

Overview of Steps for this Tool

To use this tool, you will need to:

1. Decide where and how often to use the tool
2. Have educators or an observer complete the tool
3. Summarize the data
4. Interpret the data

Materials in this Section

- Implementation Tool for Educators (Appendix 3A)
- Implementation Tool for Observers (Appendix 3B)

Step

1

Decide Where and How Often to Use Tool

Choose a Population or Setting

Decide How Often You Will Collect Curriculum Implementation Data

The first step to using this tool involves deciding what curriculum you want to monitor. You can monitor the curriculum that is being evaluated as part of the statewide evaluation, or you may want to look at another curriculum instead. For example, if your agency is using a newer curriculum, you may want to collect implementation data on that curriculum since you haven't been using it for very long.

Sites conducting brief presentations can use this tool to monitor the completeness of implementation of those presentations.

Program sites often work with multiple populations. You may want to start by focusing on a specific population rather than collect data for every session you implement. Here are some factors to consider:

- *Are you working with a population you haven't worked with before?* If yes, you may be interested in assessing curriculum implementation with them since the curriculum hasn't been implemented with them before.
- *Are you implementing your curriculum in a variety of different settings?* If yes, you may want to collect implementation data from 1-2 health educators in each setting to determine whether curriculum implementation differs depending on where it is taught.

There is no need to collect implementation data from all of your educators each time they implement the curriculum. You can collect data on a sample of implementation cycles. Consider the following points to help you determine how often to collect the data.

- An ideal time to collect implementation data is during early implementation cycles so adjustments can be made as needed for future cycles.
- If you have new staff or high staff turn-over, consider collecting implementation data from each health educator who is implementing the curriculum for the first few times they teach.
- Consider collecting implementation data during periodic months throughout the year (e.g., November, February, and May). This will provide information on the consistency of implementation over time.

As part of the CPI local evaluation, sites are asked to collect implementation data on at least two implementation cycles (unless your program is implemented one time only). Using at least two implementation cycles will provide a more stable picture for making decisions about program improvements.

Summary

After completing this step, you should know for which curriculum, population, and/or setting you will collect data. You should also have decided how often you want to collect the data. Ask yourself: *Who? What?, When?, and Where?*

Step

2 Complete the Implementation Tool

Decide Which Version of the Tool you Want to Use

There are two versions of the implementation tool.

- Version 1 is designed to be filled out health educators/facilitators who implement the program.
- Version 2 is designed to be filled out by an observer (e.g., by a program manager or another health educator serving as an observer).

Both versions provide the same information. You should pick the version that works best for your setting.

Record Information on Tool

Here are the steps needed to complete the tool. The instructions are the same for either version of the tool:

- Make one copy of the implementation tool for each curriculum lesson or session to be observed.
- Give one set of the tools to each health educator or observer who will be completing them.
- Have the educators or observers follow the instructions on the forms.

Note: It is best to review the tool with educators or observers before they start using it to clarify their questions. It is also important to emphasize that the tool is an aid to collect information on the completeness of program implementation—it is not meant to be an individual evaluation of an educator's performance.

Step

3 Summarize Your Implementation Data

Summarize Your Data

It is very important to summarize your data so you can identify opportunities for continuous improvement in how your curriculum is taught. Start by looking at the implementation of each lesson and then look at curriculum implementation overall to identify trends or patterns. Here is an example of how you might do this.

Lesson by Lesson

- For each session, tally the responses and summarize the comment you received from your health educators or observers for each item on the tool.
- For item #2 on the tool, summarize the number of “yes” responses and divide that by the total number of activities or parts to the session (e.g., 2 of 4). This will show you how much of the lesson each educator was able to complete.

Compute Level of Participant Interest and Engagement in Lessons

Items 3a and 3b on the implementation tool have a five-option scale so you can compute the average score for each scale (participants’ level of interest and engagement, respectively). Here is an example of how you might do this.

Example: Answers from three health educators on item 3a for one of the lessons.

- Add the point values of the selected answers from all health educators who answered item 3a.
 - 2 educators selected *Somewhat Interested* (3 points each).
 - 1 educator selected *Interested* (4 points).
 - 2 people (3 points) + 1 person (4 points) = 10

- Divide this total by the number of people who answered the question.
 - 10 points divided by 3 people who answered = 3.33
- The maximum possible score of 5 points indicates that the participants were very interested during the lesson.
- The minimum score of 1 point indicates that the participants were not at all interested in the lesson.
- Repeat the above process to compute an average of participants' *level of engagement*.

Look Across Sessions

If you have multiple sessions in your curriculum, count the number of lessons that were modified “a lot” (this is part of question #1). This will give you a picture of what percentage of your curriculum is being modified. This may vary across educators.

Summary

After completing this step, you should have your implementation data summarized so that you can begin to identify common patterns and how you might make program refinements. Ask yourself: *What do these results mean?*

Step

4 Interpret Your Data

What do you look for?

When interpreting your data, you want to focus on the more common patterns in your results. For example:

- What implementation challenges did the educators encounter?
- Did the educators modify the teaching strategies? If so, can the changes help make the program more appropriate for participants' age, cultural background, and/or literacy level?
- Overall, what worked well and what did not?
- How much of the curriculum was modified?

Here are examples of the patterns you might observe.

Positive Patterns

Implementation went well if your health educators were able to implement most or all of the program, routinely provided positive comments, and if they provided high average scores on the five-option scale questions related to participants' interest and engagement in the program. For example:

- In general, the educators were able to implement the curriculum or presentation with few or minor modifications.
- According to the health educators, participants' interest level was high (score of four or five on a five-option scale).

Patterns Suggesting a Need for Improvement

There may be room for improvement to curriculum implementation if your educators routinely noted similar challenges that they encountered for one or more lessons; if they provided moderate or low scores (average score of 3 or less), on the five-option scale questions; or if they had to modify the sessions a lot.

For example, patterns like this suggest the need for some changes in the curriculum/presentation or how it is taught.

- The majority of educators reported that they had to make a lot of changes to the session or were not able to complete several activities or parts of the session. *To address this problem, you need to review the types of modifications made and meet with educators to discuss the implementation challenges and identify ways to address them. For example, if educators could not complete activities because of lack of time, you may want to extend the session over two days. If educators added new content to a session because it addresses an unmet need of the population, you may want to decide if that content should become a formal part of your curriculum/presentation.*
- Educators' average score on the five-option scale used to rate participant interest was 2.50. *To address this, you may want to look at the curriculum content and determine if it is age appropriate and relevant to the population.*
- Educators' average score on the five-option scale used to rate participant engagement was 2.25. *To address this, you may want to look at the teaching strategies that are being used, and adjust them to ensure that they are interactive, varied, and age- and culturally-appropriate to the participants.*

If you see patterns that suggest a need for program improvement, it may be helpful to discuss the results as a group, and compare them to results from other local evaluation tools (e.g., curriculum content tool or participant satisfaction tool). If you see similar patterns across the tools, it suggests the need for further refinements.

Summary

After completing this step, you should have a sense of what aspects of implementation are working well and what areas could be strengthened or revised to meet the needs of the participants.

Ask yourself: *What changes can be made to improve curriculum delivery (e.g., re-order activities, modify existing activities, and provide more educator training on key content or implementation strategies)?*